PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/5/1323

		CLAIMS AS	FILED - F	SMALL	ENTITY		OTHER	THAN		
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA					TYPE		OR	SMALL	ENTITY	
FOR		NUMBE	R FILED	NUMBER I	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE			All Samuel				345.00	OR	人類的	690.00
TOTAL CLAIMS 3/ minus 20= * //			0= * //		X\$ 9=		OR	X\$18=	198	
	EPENDENT CL		X39=		OR	X78=				
MU	LTIPLE DEPENI	DENT CLAIM PF	RESENT	+130=		OR	+260=			
* If	the difference i	n column 1 is l	ess than zer	TOTAL		OR	TOTAL	888		
	CL	AIMS AS A	MENDED	OTHER THAN SMALL ENTITY OR SMALL ENTITY			1			
		(Column 1) CLAIMS	9467 - 313 - 3.0	(Column 2) HIGHEST	(Column 3)	JMALL			OMALL	ADDI-
AMENDMENT A	nerjan.	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	шаоронаон	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MU	JETIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
				TOTA		OR	TOTAL			
		(0.1		(O a l	ADDIT FE	=	10.,	ADDIT. FEE		
_		(Column 1) CLAIMS	No ten militarismos	(Column 2) HIGHEST	(Column 3)		LADDI	1 1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
			•			TOTA ADDIT. FEI		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					.	 	OR	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/5/1383

•						
	·	Total Fee	Calcula	ition "		
	Fee Code	Total . # Claims	Number Extra	X For	Fes	= Total
	S=Ag.			Sm. Estin	Lg. Easity /	
ng Buic Filing Fee	201/101				690/	690
Total Claims > 20	203/103	3/ -20-	1/	х	18.	1-98
Independent Claims > 3	- 303/103	<u>/</u> .; -	0	x	<u></u>	
Multi Dep Claim Present	204/104				/=	
Swithings	205/105	·		\/	130 .	136
Eaglish Translation	139					· <u> </u>
, TOTAL FEE CALCUL	ATTON					10/8
Fees due upon filing	the application:				•.	
Total Filing Fees Due	:= \$ <u> </u>	1018		_		
Less Filing Fees Subs	ziaed - S			- :		
BALANCE DUE	= 5	1018		·		
Office of Initial Paten	1 Exercination	•	•			
· . /	//			•		
FORM OPE-RAM-01 (R	cv. 12/97)					i.